S. HRG. 98-415

NOMINATION OF WILLIAM E. MAYER TO BE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

HEARING

BEFORE THE

COMMITTEE ON ARMED SERVICES
UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

FIRST SESSION

ON

NOMINATION OF

WILLIAM E. MAYER TO BE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

NOVEMBER 9, 1983

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NOMINATION OF WILLIAM E. MAYER TO BE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

WEDNESDAY, NOVEMBER 9, 1983

U.S. SENATE,
COMMITTEE ON ARMED SERVICES,
Washington, D.C.

The committee met in open session, pursuant to other business, at 12:26 p.m., in room SR-222, Russell Senate Office Building, Senator John Tower, chairman, presiding.

Members present: Senator Tower.

Staff present: Alan R. Yuspeh, general counsel; Patrick A. Tucker, counsel; David S. Lyles and Bruce D. Porter, professional staff members; Drew Harker, research assistant; and Tamara L. Fransworth and Toni D. White, staff assistants.

Also present: Ronald P. Kelley, assistant to Senator Humphrey; and Jon Etherton, assistant to Senator Jepsen.

OPENING STATEMENT BY SENATOR JOHN TOWER, CHAIRMAN

Chairman TOWER. The committee will come to order.

I would like to ask Dr. Mayer to come to the table.

We turn now to the consideration of Dr. William E. Mayer to be the Assistant Secretary of Defense for Health Affairs. This is a highly important position in that the Assistant Secretary has responsibility for overseeing all of the military medical care facilities.

These systems not only would provide medical support in the event of hostilities, but also serve millions of servicemen and women, their families, and military retirees on a day-to-day basis.

Dr. Mayer is presently serving as the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration. He has had a distinguished career of Government service at the local, State, and Federal level.

Prior to his present position, Dr. Mayer was the medical director of the San Diego County Department of Health Services, Chief of the U.S. Army Europe Alcoholism Treatment Facility, and associate clinical professor of psychiatry at the University of California.

In addition to his extensive Government experience, Dr. Mayer served on active duty in the U.S. Navy from 1946 to 1952, and on active duty in the U.S. Army from 1952 to 1965. He presently holds the rank of rear admiral in the Public Health Service.

Dr. Mayer earned both his undergraduate degree and his medical degree from Northwestern University. He is a member of Alpha Omega Alpha, the National Medical Honor Society, and holds the

Bronze Star, Army Commendation Medal, and various Navy and Marine Corps citations.

The committee staff has met with Dr. Mayer to review his financial holdings in order to insure that there is no conflict of interest. Dr. Mayer does not presently hold any securities or other assets that would create a conflict if he is confirmed as the Assistant Secretary of Defense for Health Affairs.

Dr. Mayer, your biography and nomination reference will be made a part of the record.

[The nomination reference and biographical sketch follow:]

NOMINATION REFERENCE

AS IN EXECUTIVE SESSION,
SENATE OF THE UNITED STATES,
October 18, 1983.

Ordered, That the following nomination be referred to the Committee on Armed Services:

William E. Mayer, of California, to be an Assistant Secretary of Defense, vice John Howard Moxley III, resigned.

BIOGRAPHICAL SKETCH OF WILLIAM E. MAYER, M.D.

FORMER POSITIONS

1980–81: Medical Director, San Diego County Department of Health Services, San Diego, Calif.

1977–80: Chief, U.S. Army Europe Alcoholism Treatment Facility, Stuttgart, Germany.

1975–77: Associate Clinical Professor of Psychiatry, University of California, Irvine, College of Medicine and Associate Chief of Staff, Veterans Administration Hospital, Long Beach, Calif.

1973–75: Chief Deputy Director of Health and Director, California State Department of Health.

1971–73: Chief Deputy Director of Mental Hygiene and Director, California State Department of Mental Hygiene.

1965–71: Director, Community (County) Mental Health Programs in Contra Costa, Humboldt, and Del Norte Counties, Calif.

U.S. Navy—1946–52.—Chief of Psychiatry, U.S. Naval Hospital, Yokosuka, Japan, 1950. Chief of Psychiatry, U.S. Hospital Ship Repose, 1951. Medical Battalion Executive Officer and Commanding Officer, E Medical Company, First Marine Division Korea, 1951–52.

U.S. Army 1952, 1964–65.—Psychiatrist, Special Medical Intelligence Study of Korean POW's. Instructor, Medical Field Service School, Fort Sam Houston. Chief of Psychiatry, U.S. Army Hospital La Chapelle, and Psychiatry Consultant, Communications Zone Europe 1957–58. Regular Course, USA Command and General Staff College, Fort Leavenworth, 1960–61. Instructor, Medical Field Service School, 1961–62. Division Surgeon, 11th Air Assault Division, 1962. Chief of Professional Services, Office of the Surgeon, U.S. Continental Army Command.

EDUCATION

Undergraduate: University of Washington, 1940–42. Northwestern University, 1942–43 (B.S.).

Graduate: Northwestern University Medical School, Chicago, B.M., 1946, M.D., 1947.

Internship: U.S. Naval Hospital, Philadelphia.

Residencies: (1) U.S. Public Health Service Hospital, Forth Worth; (2) Langley Porter Neuropsychiatric Institute, University of California Medical Center, San Francisco.

Military: (1) Medical Officers Advanced Course, Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston; (2) Regular Course, U.S. Army Command and General Staff College, Fort Leavenworth, Kans.; (3) Aerospace Medicine, Brooks Air Force Base and Fort Rucker, Ala.; (4) Nuclear

Weapons Employment Officer Course, U.S.A. Command and General Staff College, Fort Leavenworth, Kans.; and (5) Chemical and Bacteriological Warfare Course, Dugway, Utah.

HONORS AND AWARDS

Alpha Omega Alpha, National Medical Honor Society.
Freedoms Foundation at Valley Forge, National Award.
National Management Association, Gold Medal-Leadership.
Resolution of Commendation: Georgia Legislature.
Resolution of Commendation: Texas Legislature.
Bronze Star, Combat V, U.S. Marine Corps.
Bronze Star, U.S. Army.
Navy, Unit Citation.
Marine Corps Unit Citation.
Army Commendation Medal.

Publications in: Yale Scientific Review; "Soviet Total War," U.S. Senate Publication; U.S. News and World Report on POW's in Korea; Baylor University Press; Kentucky State Teachers Association Journal; and Symposium on Management of Mass Casualities, Medical Field Service School, Fort Sam Houston.

TEACHING POSITIONS

Northwestern University Medical School, Instructor in Anatomy.
University of Texas/San Antonio. Instructor in Psychology and Public Health.
University of California Medical School/San Francisco. Instructor in Psychiatry.
Contra Costa College. Instructor in Psychology.
College of the Redwoods. Instructor in Psychology.
University of California/Irvine, College of Medicine. Associate Clinical Professor of Psychiatry and Academic Administrator.
Instructor, Field Medical Service, Medical Field Service School, Brooke Army Medical Center.

GUEST LECTURESHIPS

U.S. Military Academy, West Point
U.S. Naval Pre-flight School, Pensacola
U.S. Army Intelligence Center, Fort Holabird, Maryland
Georgetown University
Louisiana State University
University of Florida
University of Arizona
University of Alabama
University of Washington
Baylor University
Livermore Radiation Laboratory, Berkeley
Temple University
Catholic University
George Washington University
Harvard University
Walter Reed Army Medical Center

Personal.—Born: Chicago, Ill., September 24, 1923. Married, 4 Children.

Chairman TOWER. We are pleased, Dr. Mayer, to have you with us today and would be glad to receive any remarks you would care to make.

STATEMENT OF DR. WILLIAM E. MAYER

Dr. MAYER. Thank you, Mr. Chairman.

I am very grateful for the opportunity to appear before you today and in view of the late hour and so as not to delay the committee's deliberations, I would like to simply highlight my professional background as it relates to the proposed position and share with you a sense of my personal goals if I am confirmed in this office, and then I will be very pleased to answer any questions you may have.

Mr. Chairman, I consider the President's nomination of me to this post to be the highest honor of my medical career. I believe that the strength of our national defense rests not only in our technical superiority and the quality of our fighting forces, but in our ability to provide the highest quality medical care to all of our citizens in uniform, to their families and to our retired members, both in peacetime and in time of war.

My experience in the military, the Veterans' Administration, and the Civilian Health Care Systems has been extensive and I believe applies to the need in this job.

Beginning in the Navy, I served as medical officer, both in hospitals overseas and on the naval hospital ship, the *Repose* during the Korean conflict.

I then went to work for the First Marine Division on the ground in combat in Korea where I commanded field surgical hospitals.

I also participated at the end of the Korean conflict in extensive research studies on the behavior of our troops, both in combat and in captivity, and those studies led to the establishment of the Armed Forces Code of Conduct.

I twice had the privilege of serving on the faculty of the Medical Field Service School where I taught field medical service and disaster mass casualty care at the Army Medical Center at Fort Sam Houston.

I graduated from the Command and General Staff College's regular course at Fort Leavenworth, was then trained by the Air Force as an aerospace medical officer and became the division surgeon of our First (Experimental) Air Assault Division at Fort Benning where we were testing at that time the extensive use of helicopters in combat situations.

When I retired from the Army in 1965, I was serving as Chief of Professional Services in the Office of the Surgeon of the Continental Army Command.

Following retirement, I went into public service in California, as you mentioned, and became, successively, the director of the State department of hygiene and then the State department of mental health during Governor Reagan's tenure there.

Following that, I taught at the University of California and was Associate Chief of Staff in the Veterans' Administration's largest hospital in Long Beach.

Following that, I operated a drug and alcohol treatment program, as a civilian under contract to the Armed Forces, dealing with our NCO's and officers throughout Europe and the Middle East and North Africa.

For the past 2½ years, as you mentioned, I have had the honor of serving this administration, with the consent of the Senate, as administrator of the Alcohol, Drug Abuse, and Mental Health Administration in the U.S. Public Health Service.

My professional experience, I believe, both in and out of the military, dealing with large health care systems in peacetime and with the actual delivery of health care to our soldiers and sailors and marines in war, gives me a particularly broad and, I hope, useful perspective to pursue the task that I see facing health services in the Armed Forces today.

I believe that the military health care system is unquestionably the finest system of its sort on Earth, bar none. Nothing I know of compares with it.

I believe also in the desire and ability of our Armed Forces and the three splendid military physicians who serve as the Surgeons General of those three services, to resolve what are really critical issues facing that health care system today.

Those critical issues, I think, are these:

First, it is quite clear that we are not at present adequately prepared to meet our wartime medical readiness requirements.

While there are plans that may take 5 or 6 years to restore that state of readiness to which our soldiers, sailors, marines, and airmen are entitled, I cannot believe that we can possibly delay that long in rectifying a situation which has unfortunately gotten somewhat out of hand.

I believe also that the Surgeons General and I working together can assure the highest quality medical, surgical, and preventive care to our people.

I believe that the quality of care in the services now compares very favorably with anything I have seen in the civilian community.

I believe it can be made even finer than it is today.

Another critical issue is maintaining the fiscal integrity and some control over the cost of an entitlement system which has been given as a mission to a military medical system that was not totally prepared to accept such a mission.

Just as our entire Nation has faced enormous escalating costs of medical care, partly as a result of well-intended programs such as medicare and medicaid, so, too, has the provision of an entitlement health care program for our families and for the retired members of the service proven to be a monstrous management task and a very serious threat to the fiscal integrity of the whole system.

I believe, that is solvable. Obviously, I don't have simple solutions and someone yet has come up with them. But a number of good measures have been begun by my predecessors and by the staff in the Office of Health Affairs.

I believe that we can pursue these in a way that should show significant savings and a much more rational management system for the entitlement program than has existed in the past.

Finally, a critical need is to attract and retain in service the finest young physicians and nurses and dentists and medical administrators that we can possibly get.

While we have some good systems for doing that, it is essential that we maintain a health care career pattern in the services that is a wholly attractive and desirable thing for our young people to seek.

Certainly in my life, my experience in the military was a high point of my medical career.

Finally, I believe that providing accessible and truly excellent medical care to our active duty men and women is a critical part of our duty as a Nation to fully compensate—I do not mean just with pay—those citizens of our Armed Forces and their families to assure them the quality of life they richly deserve in view of the sacrifices we ask of them and the demands we make upon them.

At the recent defense resources board meeting, almost every single commander-in-chief of the unified and specified commands gave special emphasis to the point that we must maintain all the rewards, little as they are, for one who may be asked to lay down his or her life; and maintain the quality of life of our soldiers and their families. Health care is such an integral part of that, and such an intense expectation on the part of people who come into the service, that it cannot be allowed to languish.

In summary, I have confidence in our ability to meet these challenges and I pledge myself to these purposes.

If I am confirmed in this post, my highest priority will be to hasten the day when we can assure the American people that we have restored 100 percent of our medical readiness capability so that in the event of war, whether it is a limited operation as in Grenada or Lebanon, or whether it is a broader war of any dimension, that no American will lose his or her life or limbs for the lack of prompt, appropriate, and excellent medical care.

I will work to assure that the quality of medical care provided to all our people continues to be the best available anywhere in the world.

I will strive to insure that a career in the U.S. military health care system will continue to be an attractive and promising one for our young doctors and other health care professionals.

I am dedicated to working with Secretary Weinberger, the military services, with my colleagues in the administration, and with this committee toward achieving these ends.

Thank you, sir.

Chairman TOWER. Thank you very much, Dr. Mayer.

I am not only impressed by your background and your credentials, but with your statement.

I think you have stated an objective that this committee will wholeheartedly support you in. We hope that you will tell us from time to time how we can be of assistance to you in the achievement of that objective.

I have only one question to ask you, and that is: Would you agree to appear before this committee or any other appropriate committee of the Congress, if you are confirmed, to respond to questions bearing on your responsibilities?

Dr. MAYER. I would certainly agree, sir, and be most honored to do so.

Chairman TOWER. Will you always give us your professional opinion when asked, regardless of whether or not it is compatible with policy?

Dr. MAYER. Yes, sir, I can assure you that I will.

Chairman TOWER. Thank you very much, Dr. Mayer.

I will submit my questions to you and you can answer them for the record.

[The questions and answers follow:]

Chairman TOWER. Dr. Mayer, this Committee has actively supported the Uniformed Services University of the Health Sciences since its inception. It is our belief that the University has an excellent track record and is training a corps of physicians who will become career medical officers in the Services. May we rely on your support of the University if you are confirmed as Assistant Secretary?

Dr. MAYER. If I am confirmed by the Senate, this Committee may rely on my complete support of the Uniformed Services University of the Health Sciences. As you are aware, the University was established to train a unique cadre of medical officers for the military and the Public Health Service, and I believe that the USUHS is fulfilling this mission very well. The University is similar to the Service academies in that it develops a military medical officer imbued with military ethics and tradition, and also provides a unique opportunity to train medical officers in relevant military medical subjects that are not available at other medical schools.

Furthermore, the USUHS is designed to encourage active duty medical officers to remain in the military throughout their entire careers. A 1976 GAO report concluded that the University would eventually provide 25–28 percent of the active duty medical officers that the Services would need, and that nearly 75 percent of the graduates would choose the military as their career. As the USUHS has only graduated its fifth class of physicians, it is too early to verify those projections. However, I think that we can expect that those estimates will be met and exceeded during the next several years.

Chairman TOWER. What is your opinion with respect to the possibility of establishing a Defense Health Agency?

Dr. MAYER. I have spent considerable time during the past month studying the draft report on the fesibility of establishing a Defense Health Agency. I plan to meet with the authors of the draft report next week to discuss and clarify some of the issues involved, and I will carefully review the bases for the strong opposition which has been expressed by the Military Departments.

As I have already indicated to this Committee, I share the concerns regarding medical readiness and cost effective management of the peacetime health care delivery system which have been expressed by this Committee and which are examined in the draft report. A Defense Health Agency, or similar organization, continues to be seen as an attractive solution to these problems by many, including some of my colleagues in the Department of Defense, and some members of Congress. In my opinion, as long as the problems in medical readiness and management efficiency continue to exist, these views will continue to be advocated by decision-makers here, and the possibility of establishing such an agency will continue to be a real one.

On the other hand, opposition to the concept of a Defense Health Agency is very strong on the part of the Military Departments, the Joint Chiefs of Staff, and other elements of the DOD staff, as well as among certain members of Congress. This continuing opposition, coupled with the fact that the authors of the draft report, under the terms of their contract, have explored only one option in achieving needed improvements in wartime readiness and the efficiency of our peacetime system, suggests to me that the road to establishment of a Defense Health Agency would be a long and tortuous one, and realistically could probably not be accomplished in the near future.

If confirmed and appointed to this position, I intend to make my highest priority the restoration of our Nation's medical readiness in time of war, coupled with assurance to the public that our peacetime military medical activities are managed in the most efficient manner possible. It will be important to examine carefully both the merits and the disadvantages of the Defense Health Agency concept, as well as similar alternative proposals which would address these pressing national issues. Following a close examination of these issues, I plan to report my own recommendations to the Secretary of Defense concerning near term and long term solutions to our readiness and efficiency problems.

Chairman TOWER. Dr. Mayer, it is apparent that we must make substantial progress in developing the capabilities to meet our medical needs in time of war. Will this be one of your top priorities?

Dr. MAYER. It has always been my personal belief that the foremost responsibility of military medicine is to achieve and maintain a level of medical preparedness that will enable us to support our combat forces during a future deployment—anytime, anywhere in the world. If confirmed by the Senate, I intend to make the fulfillment of that responsibility my highest priority.

In the short time that I have been advising the Secretary of Defense on health matters, I have observed that the military services have made significant progress in recent years toward meeting our medical readiness requirements. However, much remains to be done before we can adequately support our forces in wartime.

Medical readiness cannot be attained without close cooperation among the responsible elements in DOD—the Services, the Office of the Joint Chiefs of Staff, and the Office of the Secretary of Defense. In the past, these elements have worked together very closely to define the actual wartime medical requirements and to develop programs to meet those requirements. It is my intention to rely heavily on that relationship in continuing to develop programs to meet our wartime requirements.

In my view, the Assistant Secretary of Defense for Health Affairs is personally responsible to the President, to the Congress, and to the American public for the health and safety of our military forces in wartime. If confirmed, I intend to pursue these objectives in every way possible to ensure that, in the event of war, our Armed Forces will be supported by the best medical care available.

Chairman TOWER. Dr. Mayer, what would be your goals as the Assistant Secretary of Defense for Health Affairs?

Dr. MAYER. If confirmed by the Senate, my goals as Assistant Secretary of Defense for Health Affairs are as follows:

Medical Readiness.—First and foremost, the mission of the Assistant Secretary of Defense for Health Affairs is to ensure that the military medical services can provide adequate medical support for our Armed Forces during wartime. Our planning models indicate that, at this time, we cannot fulfill the projected medical requirements during a deployment. Our primary deficiency is in the area of manpower—we simply do not have enough qualified medical personnel, particularly in the critical surgical specialties, to care for the projected numbers of casualties we might face. I intend to make increasing the level of available medical personnel during wartime my number one priority as Assistant Secretary by, among other things, continuing to emphasize increased recruiting in the Reserve forces.

Quality Assurance.—We must continue to ensure the highest quality medical, surgical, and preventive health care for our active duty and retired military personnel and their families, both in the military health care system and under the CHAMPUS Program. I firmly believe that the military health care system is the finest of its kind in the world, staffed by some of this Nation's finest physicians working with some of the most modern health care technology available today. I believe that providing accessible and truly excellent medical care to our beneficiaries is a critical part of our duty as a nation to fully compensate the members of our Armed Forces and their families, and to assure the quality of life they so richly deserve. In this respect, I intend to continue to strive for absolute excellence throughout our entire Defense Health Care System.

Cost Containment.—In the past few years this Nation has been experiencing an alarming escalation in the cost of providing health care. The military health care system is no exception. The cost of operating our system has nearly tripled in the past ten years. Over the past two years, the CHAMPUS Program has experienced both cost growth and utilization growth in excess of 20 percent. I intend to do everything in my power to maintain the fiscal integrity and control the costs of our system, including improved management practices to control utilization of the CHAMPUS program, so that those benefits can be preserved for those who have no other alternative.

Health Promotion.—Good physical and mental health is as critical to the effectiveness of a military force as quality equipment and training. I intend to advance the concept of health promotion to each of the Military Departments, to expand beyond the areas of drug and alcohol abuse prevention alone into promotion of health and proper health maintenance for their personnel. I believe that the benefits to be derived from individual physical and mental well-being among our personnel include improved readiness, high unit morale and performance, and, ultimately, savings in the overall cost of providing health care within our system.

Chairman TOWER. Dr. Mayer, how can we increase the number of physicians in the Reserves of the Services?

Dr. MAYER. I believe that the number of physicians in the Reserves can be substantially increased by adopting Reserve medical training programs that are more conducive to the demanding life style of physicians in practice and in training, particularly surgeons. In this regard, we must consider the following factors:

(a) Physicians want to practice in their primary specialty.

(b) Physicians want to train in the vicinity of their practices or homes.

(c) Physicians must have flexible training schedules to fit in with their practices.

My predecessors have already established several programs that attempt to meet these criteria. One that I am particularly pleased with is the PRIMUS Program—Physician Reservists in Medical Universities and Schools. This program, which allows the Services to develop Reserve credit programs at medical schools across the country, has been one of the most successful to date. It is my understanding that OASD(HA) has projected that more than 133 PRIMUS programs will be established at U.S. medical schools by the end of 1983. Another idea we are exploring is limited scholarships to medical school in return for extended Reserve duty. Currently, the Armed Forces Professional Scholarship Program is available to students willing to serve several years on active duty. Under this new concept, we might offer limited scholarships to students who would agree to serve in the Reserve for a specified, substantial period of time.

Clearly, we are on the right track with these efforts, but we must continue to develop new ideas. Physicians generally cannot be expected to meet the same Reserve requirements as less specialized military personnel. We must continue to make service in the Reserve more attractive to physicians. My predecessors have made outstanding progress so far, and I intend to continue to do more.

Chairman TOWER. Dr. Mayer, section 1216(d) of title 10, U.S. Code, provides that a flag or general officer or a medical officer who is being processed for normal retirement for age or length of service may not be retired for disability unless the Secretary of Defense, upon the recommendation of the Assistant Secretary of Defense for Health Affairs, approves the finding of disability made by the Secretary of the Military Department concerned. This provision of law was enacted to address a specific type of problem which arose when certain officers were eligible for normal retirement from the Armed Forces.

I now understand that the Office of the Assistant Secretary of Defense for Health Affairs has asserted that it has the authority to review and approve or disapprove the disability retirement of medical officers in all cases whether or not the officers are being processed for normal retirement. Subsection (d) of section 1216 of title 10 does not appear to give either the Secretary of Defense or the Assistant Secretary for Health Affairs that authority, and subsection (b) of that section appears to statutorily vest authority in such cases in the Secretary (of the Military Department) concerned.

Furthermore, I understand that the Office of the Assistant Secretary of Defense for Health Affairs has established a standard for determining whether medical officers should be approved for disability retirement with which at least one Military Department disagrees.

Please provide the following with respect to this policy:

In light of the specific authority vested in the Secretary (of the Military Department) concerned in such matters, upon what authority is this policy based?

What is the rationale for this policy?

Should there be a different standard for disability retirement among medical officers who are not being processed for normal retirement and all other personnel in similar circumstances and if so, why?

Do you plan to continue this policy?

Dr. MAYER. In the brief period of time during which I have served as a consultant to Secretary Weinberger on military health matters, I have had no occasion on which to be personally involved in the review and approval of any disability retirement matter. I am aware, however, of the role of the Office of Health Affairs in the past, as required to carry out the law and in response to Department of Defense policy.

If confirmed and appointed to this position, it is my intention to carefully examine the legislative and administrative history pertaining to review and approval of disability retirement of general and medical officers, and to examine in detail the policies, rationale and mechanisms for conducting such reviews. I would intend to continue al lsuch reviews which are required by law, and to make recommendations to the Secretary concerning changes to DOD policy if any are necessary.

I do not believe that there should be a different standard for disability retirement among medical corps officers who are not being processed for normal retirement and all other personnel in similar circumstances.

AMERICAN PSYCHIATRIC ASSOCIATION,
Washington, D.C., November 2, 1983.

Hon. JOHN TOWER,
Chairman, Committee on Armed Services,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: The American Psychiatric Association, a medical specialty society representing over 28,000 psychiatrists nationwide, is pleased to support the nomination of William E. Mayer, M.D., to be the Assistant Secretary of Defense for Health Affairs.

Dr. Mayer has experience which spans both physicial and mental health care, and military service, all of which make him an ideal candidate for this position. Most recently Dr. Mayer has served as Administrator of the Alcohol, Drug Abuse and Mental Health Administration where he demonstrated strong national leadership in research, training and services in each of the Institutes—Mental Health, Alcohol Abuse and Alcoholism and Drug Abuse—represented by ADAMHA. As chief executive officer of the APA, I had the privilege to have worked closely with Dr. Mayer during his ADAMHA tenure and it is clear that he has been largely responsible for translating multiple research breakthroughs into practical applications for treating the devastating national problem of mental illness, alcoholism and drug abuse.

Also, Dr. Mayer has a long and distinguished history of public service in the health field, including Director of the Department of Health and Mental Hygiene for the State of California and Medical Director of the San Diego County Department of Health Services, and specifically in the military health care field as Director of the Alcoholism Treatment Facility, U.S. Army Hospital, Bad Cannstatt, Germany, and Associate Chief of Staff, Veterans Army Hospital, Long Beach, California. Dr. Mayer also had a distinguished military background—with several Bronze stars and commendation medals.

The nomination of Dr. Mayer as Assistant Secretary of Defense for Health Affairs is an excellent one and I have every confidence that he would be extremely effective in this capacity. The APA would support and urge your efforts to expedite Senatorial consideration of the confirmation of Dr. Mayer's nomination. His confirmation will be greatly appreciated by all Americans.

Sincerely,

MELVIN SABSHIN, M.D.,
Medical Director.

Chairman TOWER. If there is no objection, I will move that the nomination be favorably reported and instruct the staff to poll absent members on the favorable nomination.

Thank you very much, Dr. Mayer.

Dr. MAYER. Thank you, Mr. Chairman.

Chairman TOWER. The hearing is adjourned.

[Whereupon, at 12:40, the committee adjourned, subject to the call of the Chair.]

[The nomination of Dr. William E. Mayer was reported to the Senate by Senator Tower on November 9, 1983, with the recommendation that the nomination be confirmed. The nomination was confirmed by the Senate on November 15, 1983.]

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